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ABSTRACT

This annual performance report describes activities of Colorado's statewide system of early intervention services and supports in compliance with Part C of the Individuals with Disabilities Education Act (IDEA) from July 1, 1998 through September 30, 1999. The report discusses: (1) interagency agreements; (2) agencies involved in the provision of services and other support in early intervention; (3) issues related to interagency coordination, such as Individualized Family Service Plan/service coordination, supports and services provided in natural environments, Part C/Community Center Board early intervention retreat, and local Part C community interagency activities; and (4) innovative service delivery models. Results from an analysis of children referred are reported and indicate that the referrals of children and families to Part C early childhood initiatives come from a variety of places and people. An analysis of disputes in Colorado found that no due process hearings or mediation procedures were requested in 1998-1999. Areas of concern identified through state monitoring are discussed, and Colorado's credentialing system for support personnel is described. Accomplishments and challenges of the Colorado early childhood program are also addressed. (CR)

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ANNUAL PERFORMANCE REPORT

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XII (1998-1999)

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Early Childhood Connections for Infants, Toddlers & Families

approved by the
Coloraodo Interagency Coordinating Council

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ANNUAL PERFORMANCE REPORT

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XII (1998-1999)

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Seated January 1998

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4th Congressional District

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3rd Congressional District

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Member-at-Large

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Annual Performance Report for Part C
FY 1998-1999, Year XII Participation

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OMB 1820-0578
Expires 5/31/01

INTERAGENCY COORDINATING COUNCIL

CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Colorado,

I certify that the ICC X agrees/ ___ ~~disagrees~~ (*) with the information presented in the State's Annual Performance Report for FY 1998. The Council understands that §80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15)-month grant period, as well as how funds were spent. The Council has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act (IDEA) to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

Signature of ICC Chairperson

1/31/2000
Date

(*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report.

Colorado Part C Statewide System of Early Intervention

Activities and Progress

Colorado continues to meet the challenge of the Individuals with Disabilities Education Act, Part C (IDEA): the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports and services for infants and toddlers with disabilities and their families. This annual report represents the activities and progress from July 1, 1998 through September 30, 1999.

INTERAGENCY AGREEMENTS

The Memorandum of Understanding among the Departments of Education, Public Health and Environment, Human Services and Health Care Policy and Financing for the implementation of IDEA, Part C, in Colorado articulates the interagency collaboration for providing: a community directed collaborative interagency child identification process; service coordination; IFSP development and implementation which is family driven; opportunities for families to be included in all levels of policy development; coordinated interagency technical assistance and training to families and service providers; and support to share and exchange information as necessary for federal reporting requirements.

AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION

The Part C system in Colorado is a combination of federal, state, local, private and public agencies and organizations and other individuals. The Colorado Department of Education is the lead agency for the State of Colorado. The State Department of Human Services, Office of Rehabilitation, Developmental Disability Services, has specifically targeted services to infants and toddlers with developmental disabilities and their families. Direct child and family services provided under this program are distributed in relative proportion across the state. This distribution was further equalized in the past legislative session with the addition of 180 new state "resources" for early intervention. This increase was a response to meeting the demand for early intervention and further addressed equalizing resources between communities. The State Department of Public Health and Environment administers the federal Maternal and Child Health Block Grant with a state match of funds, a portion of which is designated for children with disabilities. The Health Department works with local Part C initiatives on a variety of on-going efforts to facilitate utilization of the state Medicaid and EPSDT programs. During the Federal continuous improvement/monitoring process, a self-assessment survey was conducted with families and providers in the Part C system. State-level interagency coordination was rated highly and considered to be "working well".

ISSUES RELATED TO INTERAGENCY COORDINATION

Statewide Early Childhood Interagency Activities:

In early 1997, the state's General Assembly passed a bill which established a pilot program for Comprehensive Early Care and Education in twelve Colorado communities. In the 1999 legislative session six additional communities were added to the original twelve sites. The main focus of the pilots is intense technical assistance from state agency personnel representing different agencies and the potential granting of waivers from any state statute or rule that a community identifies as creating a barrier to comprehensive quality child care services. The program provides the opportunity to directly address issues that might impede local collaborative efforts. Part C local initiatives have been involved with these efforts of identifying barriers and establishing plans to address them and apply for state waivers where necessary. A full report of the progress of the Pilot Communities was made to the Colorado legislature in March 1999. In summary the report noted that eleven of the twelve community stakeholder groups identified increased collaboration and improved communication as the most important outcomes of the pilot process. Many of the communities also reported broadening their use of consolidated funds to design and implement more comprehensive early childhood care and education services. The pilot process allowed communities to request waivers on timelines which allowed more flexibility for transitioning three year olds and to waive the state Medicaid physician on-site rule. The state child count date was waived; the Medicaid rule is still under consideration.

This past year, Colorado became part of the national Maps to Inclusive Child Care grant. The MAPS Project offers incentive and support for states to develop plans to enhance the opportunities for families of young children with special needs to access appropriate child care options. Colorado has recognized a significant need in this area for Part C eligible children and families as well as for older populations. Colorado has a large team that includes the state's child care agency, information and referral, higher education, the private child care community, the advocacy community, the state developmental disabilities community, the state legislature, parents and others. Part C is an integral part of this project. The current plans are to develop public awareness materials, resource materials and to work on on-going training efforts.

Statewide Part C Specific Interagency Activities:

The Memorandum of Understanding (MOU) committee (the CICC co-chairs and the four signatory agencies) continued to address MOU collaborative initiatives on service coordination/IFSP development and implementation and supports and services provided in natural environments. The group worked to agree upon a common approach to training and a process to recognize service coordinators as qualified personnel.

The following activities/products resulted from this work:

- IFSP/Service Coordination

  Ten Service Coordinator Mentors have been working statewide for a second year promoting the use of the Service Coordination and IFSP guidelines in local communities through training and coaching of community based service coordinators. The mentor program is a joint effort between the lead agency, Developmental Disabilities Services (DDS) and with support from the Department of Public Health and Environment. The MOU committee supported the development of service coordination competencies and have established a workgroup to begin developing a system of training based upon the competencies and assuring qualified personnel in the area of service coordination.

- Supports and Services Provided in Natural Environments

  The group has continued to address the issues inherent in implementing this provision of IDEA. Members of the MOU group have participated in the "Babies B.E.L.O.N.G. Initiative" to provide information, materials and training on delivering supports and services in children's everyday lives and family routines. The members have also held many discussions on the issues and disseminated the Federal letters of clarification regarding supports and services in natural environments.

- Part C/Community Center Board Early Intervention Retreat

  The local Part C initiative coordinators and early intervention directors from the Community Center Boards jointly planned and held a two day retreat focussing on supports and services in natural environments, child identification and transition within communities. Child Find teams from across the state also attended. Each community developed a plan to further their child identification and transition processes and procedures and gained and shared information on best practices in early intervention and supporting families with young children.

Local Part C Community Interagency Activities:

Local communities continue to build the interagency collaboration so necessary to achieve implementation of Part C, particularly in the arena of providing supports and services in the family's everyday life and daily routines. As part of the community grant application process, each community submitted a plan to address the multiple aspects of education, training and support required to change practice and respond to family needs for supports and services in their daily lives.

The continued growth of Medicaid managed care across the state challenges communities as they assist families working within this structure to finance services for their infant or toddler. This past year, many local Part C organizations identified and worked to

address issues that have arisen because of a conflict with the IDEA provision for providing supports and services in natural environments and a state Medicaid rule which requires a physician to be "on site" if physical or occupational therapy services are delivered and billed through Medicaid. Numerous interagency efforts are being made to determine the most efficient and effective way to address this major system issue. Additional work is being done to engage the Physical Therapy and Occupational Therapy State Associations as well as other state professional associations to work with the state agencies to find a solution to this issue.

INNOVATIVE SERVICE DELIVERY MODELS

For the past 5 years, the Department of Education's Early Childhood Initiatives (Part C and Part B/619 included) in conjunction with the Division of Child Care in the Department of Human Services, has funded a statewide network of 40 local Learning Clusters. These local collaborative training initiatives have received additional funding, up to $2000.00 per grant, to address Part C goals, specifically parent training and leadership development. This funding enabled many local Clusters to hire a part-time parent coordinator. This past year, 20 training opportunities were made available to communities to further their understanding and skills in working with families of young children.

The lead agency funded twelve cultural competency pilot grants statewide. These innovative grants were designed to create a mechanism through which the Early Childhood Connections providers' skills and knowledge are increased so they can share information across their communities and cultures and embed culturally relevant practices into the work of Part C communities across the state. These learnings and practices will be shared statewide and incorporated into the community grant application process for 2000-2001.

The lead agency continued funding rural interdisciplinary teams (which impact four counties) to participate in the ENRICH model training. The project, an EEPCD Demonstration Project housed at the Colorado University Affiliated Program, developed a model of family centered early intervention services and supports for children 0-3 in their home and community environments and activities. The trainers include a parent of a child with a disability, special educator, speech/language pathologist, occupational therapist, physical therapist, nurse and psychologist.

Individual community Part C initiatives, through their community capacity building grants, also contract with ENRICH to provide services to individual families and the interventionists working with them. Individual communities are also engaging in innovative service delivery, such as developing community based/funded playgroups and providing consultation from therapists as designated on the included children's IFSPs.

ANALYSIS OF CHILDREN REFERRED

The Child Identification process in Colorado is a collaborative and combined effort in the local communities. The Child Find offices and teams in local school districts are involved in the identification of many children eligible for Part C. Also integrally involved are hospital based and private physicians and therapists. The referrals of children and families made to Part C Early Childhood Initiatives offices come from a wide variety of places and people in the community. Approximately 20% of the referrals made came from hospitals, 12% came from service providers including therapists, 16% came from the primary care provider, 12% were made from Child Find offices and 11% from parents/family members themselves. The other referral sources were Public Health, social services, community providers, home visitors and the state early intervention providers in the Community Centered Board system.

ANALYSIS OF DISPUTES

No Due Process hearings or mediation procedures were requested 1998-99. In 1999, a complaint was brought to the Colorado Department of Education by a former employee of a local Part C grant alleging concerns regarding governance, administrative and financial practices in a local community grant. The Department of Education/Lead Agency staff, including the Grants Management Office, along with Developmental Disabilities Services from the Department of Human Services formed a team to investigate the complaint. Onsite interviews were conducted with the local Part C program and fiscal staff, present and past, local board members, early childhood professionals and community members in the county. The community grant, budget, administrative policies and procedures, data, the most recent Community Infant Services Review report and reports filed by the local Part C board and coordinator were also reviewed.

Resolutions to the complaint included: meeting with the local Board and staff; recommendations to address the findings regarding practices in governance, administration, finance and the appearances of impropriety in administering the grant; extensive staff education regarding Part C, both state and federal requirements, in the community through intensive onsite training; the state-level consultants have spent concentrated time in the community working with remaining staff, the newly hired local Part C coordinator and service coordination project director and the local board/ICC.

ISSUES IDENTIFIED THROUGH STATE MONITORING AND APPROACHES FOR TECHNICAL ASSISTANCE

The following issues were identified through the Community Infant Services Reviews conducted in 5 communities across the state in 1998-1999. A commonly cited area of concern was the access to complete and high quality service coordination services for all identified children. This concern had been noted through monitoring, on-going needs assessments and the statewide evaluation completed in 1997. In response to this identification, the lead agency continued funding, with interagency participation, for the Service Coordination Mentor project; continued delivery of training sessions across the state; and individual lead agency community consultants provided technical assistance and oversight for community initiated activities to improve the quality of service coordination. Efforts at the local level include activities to assure that families are informed of standards and complaint procedures. This is supported through state level development and dissemination of materials.

Documentation on IFSPs again was noted as another area of concern in a number of communities, particularly around meeting the 45 day timeline between referral and IFSP development. The time from initial referral and initial IFSP document completion as well as the participation of a multi-disciplinary team in the evaluation were not clearly indicated routinely on IFSP documents or did not occur. Families whose primary language is not English are more often waiting for evaluations past the 45 day timeline. To address this finding, community consultants or other staff, Part B/619 staff and support projects provided technical assistance to the local community. In some communities, the Service Coordination Mentor also provided training and technical assistance. Families in those communities were provided with information that explained the requirements and standards.

Another area noted in all five counties monitored was inconsistent documentation of evaluation information being used to develop appropriate goals and functional outcomes. The evaluation appears to often be used for eligibility determination only. To address this the community consultants provided technical assistance along with Part B/619 Child Find staff and support projects. Families were informed of the requirements and best practices.

Five other areas were noted from the monitoring reviews: service access is limited by the currently available funding requirements with private and public insurance; the lack of uniformly available culturally and linguistically appropriate evaluations, services and supports; interspersing developmental activities across environments and throughout the child's day is not documented routinely as a method of service delivery; the lack of uniformly available summer services; and LEA policies and procedures limit options for transition at age 3. The lead agency, the agencies signing the MOU and the Part B state coordinators are working to address these systemic issues through joint planning, communications, policy/information dissemination, training and technical assistance onsite to communities or regionally.

DESCRIPTION OF COLORADO'S CREDENTIALING SYSTEM

Category of qualified personnel	Highest Standards	Regulatory Agency
(a) Audiologists	Masters Degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or has comparable training and experience	American Speech-Language- Hearing Association (ASHA)
(b) Family Therapists	Masters in closely-related discipline plus internship or AAMFT clinical membership and State licensure examination	Colorado Dept. of Regulatory Agencies, State Board of Marriage and Family Therapists Examiners
(c) Nurses	Bachelors degree, State Registered Nurse licensure exam.	Colorado State Board of Nursing
(d) Registered Dietitian	Bachelor of Science Degree	American Dietetic Association
(e) Occupational Therapists	Bachelors degree and national certification, or equivalency or has comparable training and experience	American Occupational Therapy Association
(f) Orientation and mobility specialists	Masters degree in peripatology	State Dept. of Education; Association for Education and Rehabilitation of Blind and Visually Impaired
(g) Physical Therapists	Bachelors degree plus state licensure	Colorado State Board of Physical Therapists
(h) Pediatricians and other physicians	Medical Doctorate Flex or National boards or state examination. 1 year post-graduate training	Colorado State Medical Board

(i) Psychologists	Doctorate of psychology and state license or masters degree and school psychologist certification	Colorado State Board of Psychologist Examiners Dept. of Education
(j) Social Workers	Masters degree and state licensure	Colorado State Board of Social Work Examiners
(k) Special Educators:		
• Early Childhood Teacher, birth - 8	Bachelors degree and state licensure as an early childhood specialist, or equivalent licensure in another state	Colorado Department of Education
• Special Education Teacher IV Early Childhood, birth - 5	Bachelors and ECSE endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Vision, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Type Hearing, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher III Profound Needs, birth - 21	Bachelors degree and endorsement with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education

(l) Speech/Language Pathologists	Masters degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or comparable training and experience	American Speech-Language-Hearing Association (ASHA)

Technical Assistance and Training Efforts:

1. Technical Assistance requested/offered

At this time most technical assistance requests are handled systemically. The service coordination mentors have been very active working with individuals and communities on our top priority of improving service coordination. Community consultants work closely with grantees and help them manage their own technical assistance needs.

We have provided some funding and additional consultation for local Part C grantees when they have been involved in broad, community wide early childhood efforts. The San Luis Valley requested funding and consultation for a several day event they had to celebrate the 10th Anniversary of SLV Kids and do community-wide strategic planning for the future. Pueblo requested funds for a community-wide Children's Summit.

Our most extensive effort grew out of several years of working with Grand Junction concerning infant mental health services. Together we developed and funded a plan for Dr. Robert Harmon, Director of Infant Psychiatry at the University of Colorado Health Sciences Center, to visit Grand Junction every other month and lead an intensive study group for ten mental health practitioners. These clinicians will, in turn, provide training and supervision to other mental health providers in the community. In addition to the 10 people being trained, 40 people met monthly using the syllabus and readings for a self-study group. Each time Dr. Harmon visited Grand Junction, he also did a community presentation for over 100 mental health, early intervention, and early childhood providers.

2. Description of the state's credentialing system

Colorado has in place a system to credential qualified personnel to deliver services under Part C of IDEA. (see chart above). Additionally, Colorado has a proposed voluntary credentialing system which would, if adopted, provide a variety of ways for early childhood providers to use various kinds of training to demonstrate competencies and achieve a proposed Professional Child Care Provider credential.

3. Steps taken to improve the state's technical assistance

Each local community has been assigned two community consultants to provide ongoing guidance and technical assistance.

The Service Coordination Guidelines were published and disseminated, competencies proposed and adopted, and we are currently working on an evaluation and certification process for the position of Service Coordinator.

Extensive work has gone into planning the initiative for proving quality services in everyday routines, activities, and places. Two videotapes have been produced and disseminated with a Guidebook and several new videos currently under production.

The Summer Institute was tied to a statewide initiative on Cultural Competence with local grant activities supporting local technical assistance efforts.

A series of focus groups were held around the state identifying needs around child identification and individualized planning and transition.

4. Areas identified for improvement

The major emphases for the next several years will be child identification and providing services in everyday routines, activities, and places. As one strategy to address these needs, Colorado will be working with higher education faculty on preservice training as an outreach state in Pam Winton and Camille Catlette's "New SCRIPTS" project.

We will continue to provide support for service coordination and cultural competence as well.

5. Sources of funding and other support for early intervention

The Division of Child Care is a major funder of early childhood training in the state, with a major emphasis on inclusive child care. CDE, with funding from the Division, has established a statewide system for providing ongoing training in inclusive infant-toddler care. 20 communities are currently participating. Each community sent 2 people to an intensive training and they are now replicating that training in their communities and providing mentoring for the participants as well.

In October Dr. Bruce Perry was brought to Colorado for the CDE Fall Kickoff. Over 2000 people had the opportunity to hear him at a very minimal cost thanks to the partnerships between CDE, the Colorado Children's Trust, the Community Development Institute, JFK Partners, and Child Care Connections.

6. Results of interagency collaborative efforts that support or enhance the statewide system of Early Intervention services

   Colorado has several complementary initiatives in place wherein collaborative efforts support early intervention efforts. The Consolidated Child Care Pilots are the result of the state legislature requesting a pilot group of communities step forward and address the issues of early childhood services in light of welfare reform. Local Part C communities are increasingly involved as members of those local councils.

   The Learning Clusters are comprised of members of the early childhood community who come together and determine their own learning needs and receive a small grant from CDE to fund activities meant to meet those needs. For the last several years CDE has made a small additional amount of money available if the Cluster works with the local Part C entity to plan learning activities addressing parent leadership or providing services in everyday routines, activities, and places. Many of the Clusters have concentrated on engaging local therapists in learning to provide services and consultation to local child care.

ACCOMPLISHMENTS

The major goals of Part C implementation in Colorado by the lead agency for 1998-1999 were:

1. improved service coordination;
2. addressing the IDEA provision for supports and services in natural environments;
3. identifying and addressing systemic needs in screening, evaluation and assessment; and
4. identifying and addressing systemic needs in transition processes and services

Additional goals addressed were:

5. providing the next level of support for local Part C initiatives (i.e. Board/LICC development, targeting the smaller, more rural communities, facilitating methods to increase supports/services in natural environments, facilitating more collaborative work with other agencies; continued parent participation and leadership support);
6. increasing the cultural competency in state and the local efforts; and
7. implementing a revised local community grant funding formula/application process.

The major accomplishments of 1998-1999 were:

1. continued support for the service coordination mentors training and coaching at local levels; developed service coordination competencies with support from the MOU agencies;
2. conducted needs identification statewide, developed and disseminated products to provide information/training and held strategic planning sessions to develop training to address identified needs in the state to continue implementation of the IDEA provision for supports and services in natural environments; began training activities
3. conducted regional focus groups on child identification and transition; assessed needs statewide and disseminated information and developed plans for technical assistance/training activities to address the identified needs;
4. Part C lead agency team emphasized assisting the communities in implementing the revised community grant process; provided technical assistance and training targeted on needs identified; assisted the expansion of more service coordination options in many rural communities; provided technical assistance to rural communities to better integrate Part C into the broader local community;
5. Parent Leadership initiative activities implemented (i.e. continued support for a statewide parent coaching grant and a parent networking grant; funded the Learning Cluster grants to target parent leadership; continued an emphasis on CICC support to parents);
6. the cultural competency initiative supported 12 local pilot grants;
7. delivered local Board training statewide; and
8. developed and began a Public Awareness/physicians outreach education initiative

ONGOING SYSTEMIC CHALLENGES

The major ongoing systemic challenges seen in Colorado are: at the local level ensuring the interagency cooperation and accountability; at the state level, engaging the Department of Health Care Policy and Financing in finding a solution to the barrier caused by the state physician onsite rule; addressing the process of meeting the needs of children transitioning from Part C to Part B; improving the quality of child identification, IFSP development and service coordination statewide; addressing the lack of respite care for children who are medically fragile; and maintaining leadership within Part C, at the CICC level, at the local Part C Board and staff levels; and within the general community supporting families of young children eligible for Part C.

SOURCES OF FUNDING AND OTHER SUPPORT

The lead agency in Colorado, the Department of Education, received the Federal Part C grant, $4,595,495 for Year XI, the Department of Human Services, Office of Rehabilitation, Developmental Disability Services (DDS), receives state early intervention allocations of $5,100,000. DDS also administers the state family support program for families with children with developmental delays; this is not tracked specifically for children 0-3. The Department of Public Health and Environment contributes resources for children 0-3 through the Health Care Program for Children with Special Needs (covers 0-21); these are not tracked specifically for the 0-3 age group. The Department of Health Care Policy and Financing administers the state Medicaid funds which families in the state access if they qualify for the program; these resources are not tracked for children 0-3 specifically for Part C. Parents can utilize their private insurance. Additionally community resources are also contributed but are not tracked at the state level.

USE OF PART C FUNDS

There were no significant departures from the budget submitted with the Year XI application. Expenditures were as follows:

System Change Functions Community Capacity Building Grants Rural Response Contract	$2,827,287
Support Functions Child Identification Public Awareness Family Leadership and Support CSPD Evaluation and Monitoring Data and Finance	$1,280,582
Program Administration Salaries/Expenses CICC Expenses Staff Travel Committee Expenses Operations	$487,626
TOTAL GRANT AMOUNT	$4,595,495